

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.	63	63	63	63	63	63
TOTAL CLAIMS	66	66	66	66	66	66

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												